DEFENSE FINANCE AND ACCOUNTING SERVICE



P.O. BOX 182317 COLUMBUS, OHIO 43218-2317

DFAS-PTBFB/CO April 6, 2006

MEMORANDUM FOR PERMANENT DUTY (PDT) TRAVELERS
HUMAN RESOURCE (HR) MANAGERS
HUMAN RESOURCE (HR) SPECIALISTS

SUBJECT: Permanent Duty Travel (PDT) Information

The enclosed information is provided to assist those employees performing PDT travel, and is intended to supplement the information provided by the servicing HR Office and our web site https://dfas4dod.dfas.mil/centers/dfasco/customer/travel/index.htm. HR offices may find the enclosures helpful when explaining entitlements and preparing orders.

Enclosure 1 is a Frequently Asked Questions (FAQ) guide, to help you find answers in the Civilian PDT Pamphlet (located at the web site above), in addition to necessary points of contact and filing information.

At Enclosure 2 you will find our PDT Traveler voucher processing checklist. This checklist will assist you in submitting a complete, properly prepared/supported travel claim. Checklists for your Reviewer (Supervisor) and Approving Officer are also located on our web site.

Enclosure 3 includes sample forms showing how to complete your DD1351-2 voucher for the various types of entitlements, along with the supporting forms required.

If you have any questions regarding the filing of any PDT entitlement and/or content required in travel authorizations, please contact our travel customer service representatives at 1-(800) 756-4571, Option 4 or DSN 869-6331.

Director, Travel Operations

Enclosures: As stated

TRAVEL OPERATIONS - COLUMBUS

Frequently asked questions (FAQs) regarding Civilian Permanent Duty Travel (PDT) entitlements

Question: How do I file my PDT entitlement claims?

Answer: PDT entitlement claims may be submitted to Travel Operations Columbus (TOC) by fax to (614) 693-2463/DSN 869-2463, by email to <u>COL-TRAVEL-CLAIMS@DFAS.MIL</u>, by mail to the following address:

Defense Finance and Accounting Service DFAS-PTBFB/CO PO BOX 369015 Columbus, OH 43236-9015

or via FEDEX to:

DFAS-PTBFB/CO PCS TRAVEL 3990 E BROAD ST, BLDG 21 Columbus, OH 43213-1152

All claims may be faxed or emailed, please do not do both.

EFT sign up or change forms should be faxed to Ms. Carrie Parry at 614-693-2588. Direct Deposit is highly encouraged to speed up your payment process.

Question: How long will it take to process my PDT entitlement claim?

Answer: Once your claim is received in Travel Operations Columbus (TOC), our goal is to process it in 8 business days – to include calculating your entitlement and disbursement to your bank account.

Question: If I have questions regarding the calculation of my PDT payment, whom should I contact?

Answer: TOC has a knowledgeable customer service branch, to assist you with questions on entitlements, claim status and calculation review. TOC's toll-free number is 1-800-756-4571, option 4 or DSN 869-6331.

Answers to the following FAQs may be found in the DFAS Pamphlet for Civilian PDT, located on our web-site (a) https://dfas4dod.dfas.mil/centers/dfasco/customer/travel/index.htm on the pages listed:

Question: For what PCS entitlements may I receive an advance? Pages 3 & 4

Question: How do I request an advance of PDT entitlements? Page 3 **Question:** May I be authorized a househunting trip (HHT)? Pages 7 & 8

Question: What is the mileage rate for my privately owned conveyance (POC) when I drive it to my NDS? Page 10

Question: Do I receive per diem for driving to my NDS? Is per diem based on the location at which I lodge if an overnight stay is required? Pages 10 & 11

Question: May I be reimbursed for the shipment of my household goods (HHG)? What is the maximum weight that can be shipped? Pages 12-14

Question: What is the difference between the two methods of shipping HHGs? Pages 12 & 13 Question: May I be authorized TQSE? If I am authorized, what methods of reimbursement are available? Page 18

Question: What is the difference between the two types of TQSE? Pages 18-21

Question: Am I entitled to receive the miscellaneous expense allowance? Pages 22-24

Question: Am I entitled to receive compensation for expenses associated with the sale of my residence at the old duty station, purchase of a residence at my new duty station? What about costs incurred for breaking an unexpired lease at the old duty station? Pages 25-31

Question: What is the tax impact on PCS entitlements? Page 35 **Question:** What is Withholding Tax Allowance (WTA)? Page 36

Question: Do I get some of the taxes back that I had to pay on my move? Page 37

Guidance on what documents to submit with each type of PDT voucher can be found on the following pages:

RAT travel	Page 6
Enroute travel	Page 11
Househunting Trip	Page 8 & 9
TQSE	Page 20 & 21
POV Shipment	Page 17
HHG Shipment/Storage	Page 14
Miscellaneous Expense	Page 24
Unexpired Lease	Page 31
Real Estate	Page 31
Relocation Income Tax Allowance	Page 37

If you have additional questions or concerns, guidance is available in the Joint Travel Regulation (JTR) Vol II, chapters 4, 5, 7, 14, 15, 16, the DFAS Pamphlet for Civilian PDT, or visit our web-site for information on the items listed below:

Current processing dates

W-2 mailing dates

Date of receipt of RIT rates (to begin processing RITA claims)

All blank forms needed to file PCS claims

Processing checklists

TRAVELER'S CHECKLIST FOR CIVILIAN PERMANENT DUTY TRAVEL SETTLEMENT VOUCHERS

SETTLEMENT VOCCHERS
User. All civilian travelers submitting claims for PERMANENT DUTY.TRAVEL PDT/PCS claims are to be completed
within 5 working days of the completion of each portion of travel (i.e., House hunting, En route, 1st 30 TQSE days, etc.).
Purpose. This checklist should be used by the travelers to ensure their travel claims are proper, complete, and comply
with the intent of the order before submitting them to the reviewing/approving official for signature.
1The Travel Voucher (DD Form 1351-2 July 2004) must be prepared in ink, typewriter, or computer generated.
2Your original signature must be in block 20a, and dated in block 20b on the travel voucher.
3All information in blocks 1-9 and 11 of the travel voucher must be completed. Provide a duty phone number and
e-mail address. Does the administrative data i.e. name, ssn on the travel voucher agree with the orders? If not,
make administrative corrections and initial. If you are requesting payment via Electronic Funds Transfer, did you
include a completed Form DD2762?
4Are advances and/or accrued per diem payments listed in block 9? You must annotate "NONE" in block 9 if there
were no advances or partial payments. Do not indicate ATM cash withdrawals in block 9.
5Block 12 must be completed, indicating if dependent(s) traveled concurrent or delayed. If submitting for
reimbursement of your HHT, indicate if your spouse traveled on the HHT.
6The itinerary in block 15a-15d must be completed using dates and not times, modes of travel, and reason for stops.
refer to the reverse page of the DD1351-2 for correct "modes of travel" and "reason for stop" codes.
7Is block 16 (POC Travel) checked if mileage is claimed? Examples of POC mileage are: to and from the airport, and to and
from the Permanent Duty Station (PDS). Indicate the number of people per POC, if more than one POC is authorized and used.
8Block 17 must be completed indicating the duration of your travel period.
9If filing for TQSE (AE), did you include both pages of a completed DFAS-CO FM148, to include the actual cost of
meals and indicating if the meals were commercial or home cooked? Did you attach receipts for any meal expense
of \$75 or more for one or more individuals?
10If filing for MEA, did you include the following statement in block 18 of the 1351-2: "I certify that I have
discontinued my residence at the old PDS and have established a residence at the new PDS.", along with the dollar
amounts being claimed? Did you indicate on the 1351-2, who actually relocated with you? If itemizing, did you
include receipts for expenses incurred and obtain the signature of the authorizing/approving official (AO), to
include the date in block 21a and 21b of the 1351-2?
11Is lodging claimed and supported by paid receipts (regardless of amount) or a certified statement attached
explaining why receipts are not available to include the name and address of the lodging facility, the dates the
lodging was obtained, whether or not others shared the room and the cost incurred? Did you include a copy of your
lease or rental agreement if you are renting an apartment?
12Are reimbursable expenses of \$75 or more claimed on the travel voucher and supported by a paid receipt or
certified statement explaining why receipts are not attached, when specific services were rendered or articles
purchased, and the unit price?
13If filing for your HHT and you traveled via air, did you include a copy of your airline receipt/air schedule?
14. Exchange rate when foreign currency is involved must be indicated on the travel voucher. The traveler must
include the expense in both foreign currency and U.S. dollars.
15Was leave taken in conjunction with the travel? If so, was it annotated in the itinerary and in block 29, Remarks
Section?
16If you are filing for Real Estate expenses, you must include a completed/approved DD1705-in blocks 18&20 or 19
& 20, a purchase or sales contract, a copy of the signed settlement statement and receipts for items paid outside
of closing
17If you are filing for a RIT Allowance did you include: copies of all W-2 forms for your earned income (to include
spouses' if you are filing a joint return) for the applicable year, IRS FM1099 for Military retired pay, a completed
RIT Allowance Status Certification Form, a 1351-2 claiming the RIT Allowance with the required signatures?
18If you are filing for HHG Shipment/Storage, did you include: Proof of gross, tare and net weight, paid commercial
bill of lading if moved by a commercial mover, a paid rental truck receipt-all itemized receipts for expenses
incurred due to the move, paid storage receipts showing dates, where stored, and rates billed?
19Are there specific items not in the original order that require and amended order or the authorization and signature
of the Approving Official? If yes, are the items properly claimed and necessary receipts attached? Are the required orders and all amendments (to include the accounting citation, required of 1614 and/on
20Are the required orders and all amendments(to include the accounting citation, reverse side of 1614 and/or
continuation page), receipts, statements, certifications, etc., attached to the travel claim and is the claim reasonable
and consistent with the mission?
21You must forward your completed travel voucher and supporting documentation to your supervisor/reviewing
official for signature and date in block 20c and 20d of the 1351-2, if your agency requires.

Edition: October 2005, Travel Operations Columbus



DIRECT DEPOSIT AUTHORIZATION

(Please read Instructions on back before completing this form.)

Form Approved OMB No. 0730-0004 Expires Oct 31, 2000

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden setimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington New Highway, Salite 1204, Afriggion, Vo. 22202-4302, Respondents, should be aware that notwithstanding any other provision of law, no person shall be subject to any pensity for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE AGENCY WHICH PROVIDED THIS FORM.

PRIVACY ACT STATEMENT

AUTHORITY: 31 C.F.B. Part 209, Department of the Treasury Financial Manual, Bulletin No. 95-07, E.O. 9397, DoD "Financial Management Regulation", Volume 5.

which payment is to be directed.	s direct deposits of net payments, travel payments	, and allotments to financial institutions to
ROUTINE USES: None.		
DISCLOSURE: Voluntary; however, failure to the receipt of payments through the Direct Dep	provide requested information may affect the processit/Electronic Funds Transfer Program.	essing of this form and may delay or prevent
	N I - EMPLOYEE/MEMBER/ANNUITANT INFOR	MATION
1. NAME OF EMPLOYEE/MEMBER/ANNUITAN	T (Last, First, Middle)	2. ORGANIZATION
Smith, Joe S.		DFAS Columbus
3. HOME ADDRESS OF EMPLOYEE/MEMBER	ANNUITANT (Street, Apartment Number, City, St	ate, ZIP Code)
123 Main St. Columbus, OH	43213	
4. SOCIAL SECURITY NUMBER 123-45-6789	5. WORK TELEPHONE NUMBER (Include Area Code)	6. HOME TELEPHONE NUMBER (Include Area Code) (10 14) 999-7222
	TION II - DIRECT DEPOSIT ACCOUNT INFORMA	(01)
7. TYPE OF ACCOUNT (X as appropriate)	B. TYPE OF PAYMENT (X only one)	
CHECKING	NET PAY ALLOTMENTS	
SAVINGS	TRAVEL OTHER PAYMEN	
9. FOR ALLOTMENT ONLY (X as appropriate)	(Employees only) CANCEL	10. NEW ALLOTMENT AMOUNT
NOTE: When applicable, a voided personal chec 11 through 14 must be completed.	<u> </u>	nal check/share draft is not attached, items
11. ROUTING TRANSIT NUMBER (RTN)	12. ACCOUNT NUMBER	
(9 digits)	0000000000	Ω
() [1 XXXXX X X Y Y Y Y	99
13. ACCOUNT TITLE (See Instructions)	888888999	99
13. ACCOUNT TITLE (See Instructions) JOE S. SMIT	1	99
	1	99
Joe S. Smit	h	Tb. TELEPHONE NUMBER
Joe S. Smit.	h INK	
JOE S. SMIT. 14. FINANCIAL INSTITUTION B. NAME DULLAR BR	h INK	Tb. TELEPHONE NUMBER
JOE S. SMIT. 14. FINANCIAL INSTITUTION a. NAME DULLAR Br. c. ADDRESS (Street, Suite Number, City, State 456 Muney St. ('clumbus, OH	SECTION III - AUTHORIZATION	b. TELEPHONE NUMBER (Include Area Code) (6 14) 333-333
JOE S. SMIT. 14. FINANCIAL INSTITUTION a. NAME DULLAR BR c. ADDRESS (Street, Suite Number, City, State 456 Money St.	SECTION III - AUTHORIZATION	b. TELEPHONE NUMBER (Include Area Code) (6 14) 333-333
JOE S. SMIT. 14. FINANCIAL INSTITUTION a. NAME DULLAR Br. c. ADDRESS (Street, Suite Number, City, State 456 Muney St. ('clumbus, OH	SECTION III - AUTHORIZATION	b. TELEPHONE NUMBER (Include Area Code) (6 14) 333-333

DD FORM 2762, OCT 1997 (EG) Designed using Perform Pro, WHS/DIOR, Oct 1997

LOCAL REPRODUCTION AUTHORIZED.

Exception to SF1199A approved by Department of Treasury (FMS) (May 1996)





INSTRUCTIONS FOR PREPARING DD FORM 2762

FURPOSE

You may use this form to provide instructions for processing your net pay, travel payments, or allotments (including third-party allotments). This form is NOT intended for court-ordered gamishments or tax levies.

Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

NOTE: Continue to use the ACH Vendor/ Miscellaneous Payment Enrollment Form (SF 3881) to process vendor payments.

SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION (Items 1 - 6)

You must complete Items 1 through 6 after carefully reading the instructions and the Privacy Act Statement.

You must keep the agency informed of any address change to remain qualified for payment.

Item 2 - Organization. The name of the Department, Activity, and Office Code you are employed/assigned.

SECTION II - DIRECT DEPOSIT ACCOUNT (NFORMATION

Item 7 - Type of Account. Place an "X" in the appropriate oox to indicate if you want your payment to be sent to a checking or savings account.

Item 8 - Type of Payment. Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

Item 9 - For Allotment Only. Place an "X" in the appropriate box to indicate if you want to start, change, or cancel an allotment.

Item 11 - Routing Transit Number (RTN). This is the financial institution's nine-digit RTN to which payment is to be directed. If depositing to a check/share draft account, enter the number printed on the lower left hand corner of your personal check/share draft.

NOTE: If the check/share draft includes "Payable Through" under the bank name, on your personal check/share draft, contact the financial institution to obtain the correct RTN or Direct Deposit.

Item 12 - Account Number. The account number (can be less than 17 digits) to which payment is to be directed. If depositing to a check/share draft account, this number is usually located at the bottom of your personal check/share draft following the RTN. NOTE: Do NOT include the check number which is usually located at the top left hand corner or top middle of your personal check/share draft, following account number.

Item 13 - Account Title. The name on the account at the financial institution to which payment is to be directed. If depositing to a check/share draft account, the name is usually located at the top left hand corner or top middle of your personal check/share draft.

Item 14 - Financial Institution. The name, address, and telephone number of the institution to which payment is to be directed. NOTE: If a copy of a voided personal check/share draft is attached, Items 11 through 14c are not required to be completed.

SECTION III - AUTHORIZATION

Items 15 and 16 - Signature and Date. You must sign and date this form before the authorization can be processed.

FOR CHANGES:

You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. If you are changing the financial institution to which payment is to be directed, we recommend that the accounts be maintained at both financial institutions until the new institution received your Direct Deposit payment.

FOR CANCELLATIONS:

This authorization will remain in effect until you cancel by providing a written notice to the DoD agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

DD FORM 2762 (BACK), OCT 1997

EMPLOYEE AGREEMENT FOR REPAYMENT OF EXCESS WITHHOLDING TAX: ALLOWANCE (WTA)*

OPTION A: If you anticipate that your Federal Withholding Tax Rate (FWTR) will be 25 percent or greater, WTA will be computed using a rate of 33.33 percent, and you should not be in an overpaid status upon the computation of your Relocation Income Tax (RIT) Allowance.

OPTION B: If you anticipate that your FWTR <u>will not be more than 15 percent</u>, WTA will be computed using a rate of 17.6471 percent, and you should not be in an overpaid status upon the computation of your RIT allowance.

AGREEMENT: I hereby agree to:

- a. Repay any excess amount of WTA paid to me in any Year 1** immediately upon computation of the RIT claim or within 30 days of issuance of the indebtedness letter.
- b. Submit the required certified tax information and claim for my RIT allowance within 120 days, unless an extension is granted by the commanding officer or designee of the DoD component concerned, after the close of Year 1.

I also understand that failure to comply with this requirement will preclude the DoD component's payment of the WTA. The entire WTA will be considered an excess payment if the RIT claim is not submitted timely to settle the RIT account, and the WTA will be due in full within 30 days of issuance of an indebtedness letter.

Please check only 1 box:

X	Elect WTA as Option A
	Elect WTA as Option B
	I decline any payment of WTA
	We J. Smith
	SIGNATURE OF EMPLOYIEE
	Joe S. Smith
	PRINTED NAME OF EMPLOYEE
	January 20, 2006
	DAT ¥

DEFINITIONS:

*WITHHOLDING TAX ALLOWANCE: WTA is calculated in Year 1, to cover the employee's Federal tax withholding obligation each time covered moving expenses are made that result in a Federal tax withholding obligation.

**YEAR 1: The calendar year in which reimbursement or payment for moving expenses is made to, or for, the employee under the provisions of The Joint Travel Regulations (JTR), Volume II, Chapter 16, Paragraph C16000. If an employee's reimbursement for moving expenses is spread over more than one year, he/she will have more than one Year 1.

DFAS-CO Form 62 Rev: March 14, 2005 SAMPLE

TRAVEL V	OUCHER OR S	UBVOU	CHER		completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.										
1. PAYMENT	SPLIT DISBURSEN	IENT: The f	Paying Office	will pay	ay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement g, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are										
Electronic Fund Transfer (EFT)	required to designate	a payment th	nat equals the	total of	their outst	anding gove	ernment travel ca	rd balance	to the GTC	CC contractor.					
Payment by Chec 2. NAME (Last, First, Mide		wing amou		imburs 3. GRAD		ectly to th	ne Government	Travel C				AMPLE HHT			
SMITH, JOE S.	are miliai) (Print or type)		,		S11	1	5-6789		5. 14PE	OF PAYMENT		ember/Employee			
6. ADDRESS, a. NUMBER	AND STREET	b. CITY				c. STATE		·E	X PC	<u> </u>		her			
123 MAIN ST.		COLU	JMBUS			ОН	432	113	<u> </u>	ependent(s)	DL				
e E-MAIL ADDRESS J(10. FOR	D.O. USE ON	LY				
7. DAYTIME TELEPHONE AREA CODE (614) 693-1		el order/a ser S-1148	UTHORIZATIO	ON	9. PREVIO		NMENT PAYMEN	ITS/	a. D.O. VOUCHER NUMBER						
11. ORGANIZATION AND	STATION					7.	50.00	SVOUCHER NU	MBER						
	FAS COLUMBU	SOH			12 DEDEN	DENTS: AC	DRESS ON RECE	IDT OF	c. PAII						
12. DEPENDENT(S) (X and ACCOMPANIED		NACCOMPAN	JIED.			RS (Include									
a. NAME (Last, First, M.			c. DATE OF E	BIRTH	134 GO	LDEN '	WAY								
			OII WANTI	1	SAN FF	RANCIS	SCO, CA 01	234							
					14. HAVE I	HOUSEHOL	D GOODS BEEN	SHIPPED?	d. COM	MPUTATIONS					
45 171150 101					YES	X	NO (Explain in F								
a. DATE b. PLAC	E (Home, Office, Base,	Activity, City	and State;		MEANS/ MODE OF	REASON FOR	e. LODGING	f. POC							
	City and Count DENCE SAN FRA	,,	CA		TRAVEL	STOP	COST	MILES							
1/02 ARR	ERCE SAIT TRA	110150,	CA	-	- 1 1	AD									
1/11 DEP COLU	MBUS, OH			t	TP		750.00								
I/II ARR						MC									
· · · · · · · · · · · · · · · · · · ·	ENCE SAN FRA	NCISCO), CA												
ARR				-		(3.340.5									
DEP					4.24										
DEP				-		2200									
ARR															
DEP						- 44 - 45		1-3	e. SUN	MARY OF PA	YMENT				
ARR									(1) Per	Diem					
DEP ARR						<u> </u>			 	ual Expense Ali	owance				
16. POC TRAVEL (X one)	OWN/OPERATE		PASS	SENGER		17 D	L URATION OF TD	Y TRAVEL	(3) Mile (4) Dep	endent Travel					
18. REIMBURSABLE EXPE						- 			(5) DLA						
a. DATE	b. NATURE OF EXPEN	SE	c AMOU	TAL	d. ALLOW	ED	12 HOURS OR	LESS	(6) Rein	nbursable Expe	nses				
	RES. TO AIRPO	RT	25	00.5			MORE THAN 1		(7) Tota	al		0.00			
	AL CAR		375				BUT 24 HOURS	OR LESS	(8) Les:	s Advance					
	AL CAR GAS			$+\frac{00.8}{00}$		×	MORE THAN 2	4 HOURS		ount Owed		0.00			
	AIRPORT TO R ING TAX	25.		5.00		19.6	OVERNMENT/DE	DUCTIBLE	(10) Amo	ount Due					
I III I I LODG	ING TAX		†/3	.00_		1,5	a. DATE		F MEALS	a. DA	TE	b. NO. OF MEALS			
			T												
										<u> </u>					
20.a. CLAIMANT SIGNATU YOUR SIGNATU			b. DATE			ISOR SIGN		י זייי או אוי	יתו בות	DE		d. DATE			
21.a. APPROVING OFFICE			01/12/	00	YOUR	SUPER	VISOR SIC	INATU	KE HE	KE		01/13/06 b. DATE			
YOUR AO SIGNA	ATURE HERE O	NLY IF A	APPROV	ING I	ITEMS	NOT O	N THE ORI	DERS				ATE SIGNE			
22. ACCOUNTING CLASS	IFICATION			_		n.	-								
				51	WP	PL									
23. COLLECTION DATA									<u></u>						
	,														
24. COMPUTED BY	25. AUDITED BY		VEL ORDER/ ORIZATION PO	OSTED B	27. RE	CEIVED (Pa	vyee Signature an	d Date or C	Check No.)		28. AN	IOUNT PAID			



	TRA	VEL V	OUCHER	OR SU	BVOU	CHER		Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. Day directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement												
1. PAY	MENT							directly	y to the	Govern	ment '	Travel Char	ge Card (G	TCC) coi	ntractor the p					
X Ele	ectroni ansfer	c Fund (EFT)	required to	designate a p	ayment th	at equals th	ne total o	f their o	utstand	ding gov	ernmer	nt travel car	d balance t	to the G	FCC contract	or.	lilitary personnel are			
Pa	yment	by Check	Pay	the following	ng amour	nt of this	reimburs	sement	direc	tly to t	he Go	vernment	Travel Ch	narge C	ard contrac	tor: \$ S	AMPLE ENF			
			le Initial) (Print	or type)			3. GRA			. SSN				5. TYP	E OF PAYME	NT (X as a	oplicable)			
SMIT							G	S11		123-4				<u> </u>	TDY	ا لليا	Member/Employee			
6. ADD			AND STREET		b. CITY	MBUS			٥	STATI OH	1	d. ZIP CODI 432			PCS		Other			
			T OL CO	HODE						Un		432	13		Dependent(s)		DLA			
		LEPHONE I	DE.SMIT	B. TRAVEL			TION	9 PRI	EVIOUS	GOVE	NMEN	T PAYMEN	TS/		OR D.O. USE					
		693-11		DFAS-	1148				VANCE			T T A THOLES	10,	a. D.O. VOUCHER NUMBER						
		TION AND S									0.00			b. Sl	JBVOUCHER	NUMBER				
		DF	AS COLU	MBUS C	ЭНО						0.00									
12. DEP	ENDENT	(S) (X and	complete as a	oplicable)				13. DE	PENDE	NTS' A										
X A	ССОМР	ANIED		UNA	CCOMPAN			ORDERS (Include Zip Code)												
a. NA	ME (Las	t, First, Mic	ddle Initial)	b. RELATIO	NSHIP (OR MAR	BIRTH RIAGE	i e		DEN			2.4							
		NE P.		WIF	/00	SAN FRANCISO, CA 01234														
		AM O.		SOI		07/21		44 114	\/F \\(\)	LICELIO	D 000	DDS BEEN S	HDDED							
SMIT	H, S	AMANI	THA Z.	DAUGI	TIER	08/30	/93	ļ/²	X one)	_	٦			d. Co	OMPUTATION	15				
15. ITIN	ERARY			L				C.	YES	d.	NO /	Explain in R e.	f,	<u> </u>		 				
a. DATE 2006		b. PLACE	(Home, Offic	ce, Base, Act	ivity, City	and State;		MEAN	OF	EASON FOR		DOGING COST	POC MILES							
01/15	DEP	RESID	ENCE SA	nd Country, o		CA		TRAV	365303	STOP	CO LEGGIO PORMINATORIO	CUST	MILES	 						
01/15	ARR	TUDIO	LITCL OF	1111111	CIDO.	<u> </u>			34900	AD		en ⊶9sk k	736							
01/16	DEP	SALT I	LAKE CI	ΓY. UT				PA		1 44		99.00	ADUL :							
01/16	ARR									AD		10600	534	<u> </u>						
01/17	DEP	DENVI	ER, CO			PA		1	II.	126.00										
01/17	ARR	** * * * * * * * * * * * * * * * * * * *	. a armır			AD 85.00 593														
01/18	DEP	KANSA		PA THE STATE OF TH																
01/18	ARR	***	NI A DOT TO					1		AD		95.00	485	ļ						
01/19	DEP	INDIA	NAPOLIS	5, IN				PA	:Illustrante					 						
01/19	DEP	GAHA	NNA, OH	Ī				MC 174												
	ARR			·				e. SUMMARY OF PAY								PATIVIENT	MENI			
	DEP												Mari S		ctual Expense	Allowance	<u>, </u>			
	ARR												433 (1)	(3) M			1			
16. POC	TRAVE	L (X one)	X OWN/	OPERATE		PA	SSENGE	R		17. [DURAT	ION OF TO	Y TRAVEL	(4) D	ependent Tra	vel				
18. REIN	BURSA	BLE EXPEN	ISES]	OURS OR	ECC	(5) D	LA					
a. DA	TE		b. NATURE C	F EXPENSE		c. AM	TNUC	d. AL	LOWED)	'-	100113 011	LLJJ	(6) R	eimbursable E	xpenses				
01/1	16	TOLLS					6.50			_		RE THAN 12		(7) To			0.00			
						-					-	24 HOURS	ON LESS		ss Advance					
						-				x	МОР	RE THAN 24	HOURS	<u> </u>	mount Owed		0.00			
						-				19.	GOVER	NMENT/DE	DUCTIBLE		mount bue					
	-									+	a. D		b. NO. C		S a.	DATE	b. NO. OF MEALS			
										1					1		† 			
									,											
		T SIGNATU		i		b. DATE	0.10.6			OR SIG							d. DATE			
			RE HERE			01/2	0/06	YOU	JR S	UPER	RVIS	OR SIG	NATU	RE H	ERE		01/21/06			
			signature ATURE H	ERE ON	LY IF A	APPRO'	VING	ITEN	IS N	от о	N TI	HE ORI	DERS				ATE SIGNE			
22. ACC	OUNTI	NG CLASSII	FICATION	 							-									
						6			P (P	120										
						2	A	VA		1 12 12 12 12 12 12 12 12 12 12 12 12 12										
23. COL	LECTIO	N DATA				,	age of consequence	والمناطقة والمعاصرين	en salve	Te elonge out	s de									
24. COM	IPUTED	ву Т	25. AUDITED	BY		VEL ORDER	3/	127				ignature an	d Date or C	Check No	2.1	28	AMOUNT PAID			
						RIZATION		BY ~ '			J, 66 D	.g.iotaic dii		1¥6	•••	20.7				



	VEL V	ouc	HER	OR SU	BVOU	Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use percentage of the penalty of the space is needed, continue in remarks. By directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement														
1. PAYN			SPL	IT DIS	BURSEMEN	T: The P	aying Offic	e will pay	y direc	tly to t	the Gov	rnm	ent Travel Char	ge Card (G	TCC) co	ontractor	the por	tion of	your i	eimbursement
★ Ele	ctronic Insfer	Fund (EFT)		ired to	designate a p	ayment the	at equals tl	he total o	f their	outsta	anding g	overi	nment travel car	rd balance 1	to the G	TCC co	ntractor			ry personnel are
Pay	yment	by Check	۲	Pay	the following	ng amoun	t of this	reimburs	seme	nt dire	ectly to	the	Government	Travel Cl	harge (Card co	ntracto	or: \$	SA	MPLE "TQ
2. NAME SMIT		First, Midd)ES.	lle Initia	l) (Print	or type)			3. GRA	de S11		4. SSN 123-		-6789		5. TYI	PE OF PA	AYMEN'	T /X as	1	able) ber/Employee
		NUMBER	AND S	TREET		b. CITY					c. STA		d. ZIP COD		×	TDY PCS				
123 M			A.11.D Q				MBUS		OH 43213							Depend	ent(s)		Othe	ır
e. E-MA	IL ADD	RESS JC	E.S	MIT	H@DF	AS.M	II.								10. F	OR D.O.	USE O	NLY		
		LEPHONE I	NUMBE		8. TRAVEL	ORDER/AL	THORIZA	TION	9. P	REVIO	US GOV	ERN	MENT PAYMEN	ITS/	a. D.O. VOUCHER NUMBER					
AKEA	(614)	693-11	11		DFAS-	1148			4	ADVAN	ICES									
11. ORG	ANIZAT	ON AND			UMBUS	OU.	:		4,000.00 b. SUBVOUCHER NUM									UMBER	1	
12 DEPE	NDENT	(S) (X and				011	-		13. DEPENDENTS' ADDRESS ON RECEIPT OF C. PAID BY											
	COMP	comple	10 03 01		CCOMPAN	IED		13. DEPENDENTS' ADDRESS ON RECEIPT OF c. PAID BY ORDERS (Include Zip Code)												
ــــــــــــــــــــــــــــــــــــــ		t, First, Mic	ddle Init	tial)	b. RELATIO		DATE OF	BIRTH	134	GO	LDEN	1 M	/AY	i						
SMIT	H, JA	NE P.			WIF		6/25/		SA	N FR	RANC	ISC	O, CA 012	34						
SMIT	H, SA	AM Q.			SON	1	7/21/	04												
SMIT	H, SA	MANT	ГНА	Z	DAUGH	ITER	8/30/	93	14. F	IAVE H	IOUSEH	OLD	GOODS BEEN	SHIPPED?	d. C	OMPUT	ATIONS	3		
										YES	>		NO (Explain in F							
15. ITINE	RARY	h DIAC	E (Hom	066	e, Base, Acti	tula . Clau	d Casas		ME/	ANS/	d. REASO	N	e. LODGING	f. POC						
a. DATE 2006	ļ.,			City a	nd Country, e	etc.)			MOD	VEL	FOR STOP		COST	MILES						
01/19	DEP	GAHA	<u>NNA</u>	., OH	TOSE A	CTUA	L EXPI	ENSE	mac Starter o	6000 mm mm 23										· · · · · · · · · · · · · · · · · · ·
ļ	ARR										s boyania e za	- A. St.								
	DEP																			
<u> </u>	DEP								150					MARIE AN						
	ARR														-					
	DEP										il die			ALE O						
	ARR										Salada agai								<u></u> -	
	DEP							,	2000					NAME OF						
	ARR																			
	DEP			·					Ann Marillon		424			ANT	e. S	UMMAF	Y OF P	AYMEN	IT .	
	ARR								TOTAL	1611	Se Tuber Tr			1 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		Per Diem			_	
	DEP				·											Actual Ex	opense A	Allowan	ice	
16 POC	نـــــــــــــــــــــــــــــــــــــ	L (X one)		OWN	OPERATE			SSENGE	•		117		RATION OF TO	V TRAVE		Mileage Depende		.1		
		BLE EXPEN	USES	OVVIV	OFERATE		1 1	SSENGE				7	MATION OF ID	I INAVEL	(5)		- ITAVE	"		
a. DA				TURE O	F EXPENSE		c. AM	DUNT	d. A	ALLOW	ED.		12 HOURS OR	LESS		Reimburs	able Ex	penses	-	
2/17/	06	TOSE	AE I	/19/0	06 TO 2/1	7/06		6.45	_		_	ᅦ	MORE THAN 12	2 HOURS	(7) 1	Fotal			寸	0.00
							,,	0.10					BUT 24 HOURS		(8) L	ess Adv	ance			
		(DFAS	FM	148 A	ATTACH	ED)							MORE THAN 24	4 HOURS	(9) A	Amount	Owed			0.00
													WORE THAN 2	- HOUNS	(10) A	Mount	Due			
							ļ				19		VERNMENT/DE							
				 -			<u> </u>				_		a. DATE	b. NO. 0	OF MEA	LS	a. D	ATE	-	b. NO. OF MEALS
							ļ		ļ					 		- -			\dashv	
 									-		+			 		-			\dashv	
20.a. CLAIMANT SIGNATURE b. DATE									c. S	UPERV	/ISOR SI	GNA	ATURE	L					\dashv	d. DATE
YOUR	SIC	NATU	RE I	IERE	,		2/18					_	VISOR SIG	NATU	RE H	ERE				2/19/06
		IG OFFICER			ERE ON	LY IF A	APPRO	VING	ITE	MS	NOT	ON	THE ORI	DERS					1	b. DATE ATE S I GNE
		IG CLASSI										_								
							!	SA	N	1 C			r							
							•	y n	I T											
						-														
23. COLL	ECTIO	N DATA								_		-								
24. COM	PUTED	ВҮ	25. Al	JDITED	ВҮ		VEL ORDER		RV	27. RE	CEIVED	(Pay	ee Signature an	d Date or C	Check N	lo.)		28.	. AMC	OUNT PAID
L						40100			~									- [

CLAIM FOR TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE)

(SUB-VOUCHER)

EMPLOYEE NAME: JOE S. SMITH SSN: 123-45-6789 GRADE: 65-11 NEW DUTY STATION: THAS COLUMBUS, OH DATE REPORTED FOR DUTY: 1/19/06 DATE VACATED OLD RESIDENCE: EMPLOYEE 1/15/06 DEPENDENTS 1/15/06 DATE OCCUPIED NEW RESIDENCE: EMPLOYEE 1/19/06 DEPENDENTS 1/19/06 NAME (S) OF DEPENDENT (S) INCLUDED IN CLAIM (Show only eligible members of family included in travel authorization (DD1614)). Smith, Jane P Wife Smith, Samantha Z Daughter Smith, Sam Q. Son
INSTRUCTIONS
All expenses will be itemized and only actual expenses claimed. Home meal cost will be accumulated and averaged for all meals prepared at home.
If expenses claimed are for temporary quarters occupied at different locations by the employee and dependent(s), use separate expense itemization sheets for each location. Temporary quarters occupied at other than the old or new duty station location requires approval by the order approving official based on a determination that such occupancy is justified.
If any other claim has been made for temporary quarters expenses in connection with this PCS move, explain. Attach copy of paid voucher if claim has been paid.
If separate claim has been made for PCS travel from old to new duty station, explain. Attach copy of paid voucher if claim has been paid.
If official temporary duty travel was performed during the temporary quarters subsistence expense or foreign allowance reimbursement claim period, explain. Attach copy of paid voucher if claim has been paid.
Occupancy of permanent quarters occurs when the employee or any member of the family starts occupying the permanent quarters.
Receipts are required for lodging expenses and any single expense of \$75 or more to include meal expense for one or more individuals.
Additional Notes:
SAWIPLE
EMPLOYEE SIGNATURE: 901 S. Smith DATE: 2/18/06
DFAS-CO FM 148, Sep \$7 (REVISED)



TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE) WORKSHEET

MM/DD/YY Emp Dep City, State Cost ** Breakfast ** Lunch ** Dinner Coin Other Amount 1 1/19/2006 1 3 GAHANNA, OH \$86.90 C \$24.98 C \$27.62 C \$37.92 S 17 17 17 17 17 17 17	544	Date	Pers	sons	Lodging* Meal Cost Incl Tips Laundry									Daily Total		
2 1/20/2006 1 3 GAHANNA, OH \$86.90 C \$20.56 C \$32.80 C \$43.50 \$ 16 3 1/21/2006 1 3 GAHANNA, OH \$86.90 C \$23.69 C \$31.98 C \$47.90 \$31.50 \$ 22 4 1/22/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 5 1/23/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 C \$ 11 5 1/23/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 C \$ 11 5 1/23/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 C \$ 24.00 S 11 7 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 11 7 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 11 1 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 11 1 1 1/29/2006 1 3 GAHANNA, OH \$86.9	DAY	MM/DD/YY	Emp	Dep		Cost	**		**		**	Dinner			l .	Amount
3 1/21/2006 1 3 GAHANNA, OH \$86.90 C \$23.69 C \$31.98 C \$47.90 \$31.50 \$ 22 (4 1/22/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 (5 1/24/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 (6 1/24/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (7 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (7 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (8 1/24/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (8 1/24/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14 (1 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 14	1	1/19/2006	1	3	GAHANNA, OH	\$86.90	С	\$24.98	С	\$27.62	С	\$37.92			\$	177.42
4 1/22/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 5 1/23/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 12 6 1/24/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 14 7 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 14 8 1/26/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 8 1/26/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 9 1/27/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 14 10 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 11 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 12 1/30/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 13 1/31/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.00 S 15 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 14 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 14 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 28.50 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.0	2	1/20/2006	1	3	GAHANNA, OH	\$86.90	С	\$20.56	С	\$32.80	С	\$43.50			\$	183.76
5 1/23/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$24.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14.00 \$14	3	1/21/2006	1	3	GAHANNA, OH	\$86.90	С	\$23.69	С	\$31.98	C	\$47.90	\$31.50		\$	221.97
6 1/24/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$24.00 \$ 14	4	1/22/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
7 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 8 1/26/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 9 1/27/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 10 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 11 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 12 1/30/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 13 1/31/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 14 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 14 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 17 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 18 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 19 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 10 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 11 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 20 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 20 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 20 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 20 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 20 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5 12 2/1	5	1/23/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
8 1/26/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 9 1/27/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 10 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 11 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 12 1/30/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 13 1/31/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 24 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 24 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 25 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 26 2/19/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 26 2/19/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 28 2/19/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5.12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5.12 20 2/19/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5.12 20 2/19/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5.12 20 2/19/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 5.12 20 2/16/2006	6	1/24/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00		\$24.00	\$	146.90
9 1/27/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12.00	7	1/25/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
10 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$28.00 \$ 15 11 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 15 12 1/30/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 13 1/31/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 12 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 12 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.	8	1/26/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
11 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$12.00 \$ \$12.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$13.00 \$ \$	9	1/27/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
12 1/30/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$12	10	1/28/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Τ	\$12.00	\$28.00		\$	150.90
13 1/31/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$ 14	11	1/29/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12.00 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S \$12.00 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S \$12.00 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$12.00 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$12.00 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 </td <td>12</td> <td>1/30/2006</td> <td>1</td> <td>3</td> <td>GAHANNA, OH</td> <td>\$86.90</td> <td>Н</td> <td>\$12.00</td> <td>Н</td> <td>\$12.00</td> <td>Н</td> <td>\$12.00</td> <td></td> <td></td> <td>\$</td> <td>122.90</td>	12	1/30/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
15	13	1/31/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00		\$26.50	\$	149.40
16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$ 12 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$ 12 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 12 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 12 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$24.00 \$ 14 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 14 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 12 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S24.00 \$ 12 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 15 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 15 22 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 15 22 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 15 22 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$ 12 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S26.50 \$ 14 22 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00	14	2/1/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$ 12	15	2/2/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 24.00 \$ 14 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 15 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 15 27 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 15 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 12 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 12 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 26.50 \$ 14 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$ 12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00 H \$12.00 H \$12.00 S \$ 12 20 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00	16	2/3/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Η	\$12.00	Н	\$12.00			\$	122.90
19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$24.00 \$ 12	17	2/4/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Τ	\$12.00	Η	\$12.00	\$26.50		\$	149.40
20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$24.00 \$12.00 \$24.00 \$12.00 \$24.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 </td <td>18</td> <td>2/5/2006</td> <td>1</td> <td>3</td> <td>GAHANNA, OH</td> <td>\$86.90</td> <td>Н</td> <td>\$12.00</td> <td>Η</td> <td>\$12.00</td> <td>Н</td> <td>\$12.00</td> <td></td> <td></td> <td>\$</td> <td>122.90</td>	18	2/5/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Η	\$12.00	Н	\$12.00			\$	122.90
21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S 12 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S 12 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$15 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$16 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12.00 \$12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$14 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.0	19	2/6/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Τ	\$12.00	Η	\$12.00			\$	122.90
22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S 12 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S 12 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$18 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$14 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$14 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 <t< td=""><td>20</td><td>2/7/2006</td><td>1</td><td>3</td><td>GAHANNA, OH</td><td>\$86.90</td><td>Н</td><td>\$12.00</td><td>Н</td><td>\$12.00</td><td>Н</td><td>\$12.00</td><td></td><td>\$24.00</td><td>\$</td><td>146.90</td></t<>	20	2/7/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00		\$24.00	\$	146.90
23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S28.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00	21	2/8/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$15 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$12 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12 \$12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$12 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$12	22	2/9/2006	1	3	GAHANNA, OH	\$86.90	Ξ	\$12.00	Ξ	\$12.00	I	\$12.00			\$	122.90
25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 \$12 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12	23	2/10/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	I	\$12.00	Н	\$12.00			\$	122.90
26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S 12 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$12 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$12	24	2/11/2006	1	3	GAHANNA, OH	\$86.90	Η	\$12.00	Н	\$12.00	Н	\$12.00	\$28.00		\$	150.90
27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S26.50 \$14 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S12.00 H \$12.00 H \$12.00 H \$12.00 S12.00 H \$12.00 H \$12.	25	2/12/2006	1	3	GAHANNA, OH	\$86.90	Η	\$12.00	H	\$12.00	Н	\$12.00			\$	122.90
28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12	26	2/13/2006	1	3	GAHANNA, OH	\$86.90	H	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 12	27	2/14/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00		\$26.50	\$	149.40
	28	2/15/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
30 2/17/2006 1 3 GAHANNA OH \$86.90 H \$12.00 H \$12.00 H \$12.00 H \$12.00	29	2/16/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
	30	2/17/2006	1	3	GAHANNA, OH	\$86.90	Ι	\$12.00	Н	\$12.00	Н	\$12.00	\$31.50		\$	154.40
TOTAL FOR THIS PERIOD \$ 4,11					TOT	AL FOR THIS	PE	RIOD							\$	4,116.45

Signature

YOUR SIGNATURE

Date DATE SIGNED

Note: "Laundry" Coin - cost of washer/dryers, laundry soaps etc.

Other - Dry cleaning expenses

Use this space for additional explanations (show periods of TDY or other deviations during period of temporary quarters).

THIS IS AN EXAMPLE/FOR INFORMATIONAL PURPOSES ONLY

GROCERIES PURCHASED 1/21/06 - \$ 280.15 GROCERIES PURCHASED 1/28/06- \$224.38 GROCERIES PURCHASED 2/4/06 - \$206.02 GROCERIES PURCHASED 2/11/06- \$261.45 TOTAL OF \$972.00 / 81 MEALS = \$12.00-AVERAGE COST OF HOME COOKED MEAL

PLEASE NOTE: RETAIN ALL GROCERY AND COMMERCIAL MEAL RECEIPTS EVEN IF UNDER \$75 AND ALWAYS CLAIM ACTUAL COSTS. DO NOT INCLUDE NON-FOOD ITEMS, ALCOHOL AND SNACKS WHEN AVERAGING GROCERY EXPENSES; AS THEY ARE NOT REIMBURSABLE.



^{*}Receipts are required for Lodging expenses and any single expense of \$75 or more to include any meal expense for one or more individuals.

*Indicate in box, type of meal. "C" for commercial meals, "H" for home prepared meals.



	TRA		completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																			
1. PAYN									any directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement g, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are													
Tra	ınsfer		requ	uired to d	designate a p	payment t	that equals th	ne total o	f their	outsta	anding 9	gove	rnment	travel car	d balance	to the	GTC	C contractor				
		by Check	-↓			ng amou	unt of this			nt dire			e Gov	ernment	Travel Cl	_					MPLE REA	
SMIT		First, Midd DES.	lle Initia	il) (Print	or type)			3. GRAI	DE SS11		4. ss 123		5-678	g	١	5. T	ר	OF PAYMEN	Γ /X as	1	·	
		. NUMBER	AND S	TREET		b. CITY					c. ST			ZIP CODI		×	TD PC:				ber/Employee	
123 M			,	****==			UMBUS					Н	-	432		_	4	pendent(s)		Othe DLA	ĺ	
e. E-MA	IL ADD	RESS J	E.S	MIT	H@DH						<u> </u>					10.		D.O. USE O	NLY			
7. DAYT	IME TE	693-1	NUMBE			ORDER/A	AUTHORIZAT	TION	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES								a. D.O. VOUCHER NUMBER					
		ION AND			21115				-l								SUB	VOUCHER N	UMBER			
		Dl	FAS	COLI	UMBUS,	, OH				0.00 b. SUBVOUCHER NUMBE												
12. DEPE	NDENT	(S) (X and	comple	ete as aç	oplicable)					13. DEPENDENTS' ADDRESS ON RECEIPT OF c. PAID BY												
AC	COMP	ANIED				CCOMPA		- DIDTU	ORDERS (Include Zip Code) 134 GOLDEN WAY,													
a. NAI	ME (Las	b. RELATIO	HIALI-						, A 012:	34												
					 							210	, C.	11 012.	J-T							
									14. H	AVE H	IOUSE	HOLE	GOOD	S BEEN S	SHIPPED?	<u> </u>	COM	PUTATIONS				
					 -				 	(X one	e)	-	1	kplain in R		<u>"</u>	COIV	TOTATIONS				
15. ITINE	RARY								MEA	. 1	d. REAS			e.	f.	ļ						
a, DATE 2006	L	b. PLAC	E (Hon	ne, Offic City a	ce, Base, Act nd Country,	tivity, City etc.)	y and State;		MOD TRA	E OF	FOF STO	₹		OGING OST	POC MILES							
ļ	DEP													10 10 20	上							
	ARR											200 0000			Caraman ber	<u> </u>						
	DEP														11446	ļ						
	DEP											塘		,	SAME SING	-						
	ARR															-						
	DEP										i i i	190			1 21 44	┢						
-	ARR									pall.	###					┢						
	DEP														44							
	ARR																					
	DEP								toris ocum	10**********	744	je.			模型	θ.		MARY OF P	AYMEN	IT T		
	DEP								. 1	P II	SAR ALESS				Note: 18 Person	(1)	Per t			-		
	ARR												 			(2)	Mile	ial Expense	Allowan	ice		
16. POC		L (X one)	×	OWN/	OPERATE		ТРА	SSENGE	R		Tı	7. DI	URATIC	N OF TO	Y TRAVEL	(4)		endent Trave		\dashv		
		BLE EXPE	VSES			I	<u> </u>				1					١··	DLA			十		
a. DA	TE		b. NA	TURE O	F EXPENSE		c. AMO	TNUC	d. A	LLOW	ED		12 HC	OURS OR I	LESS			nbursable Ex	penses	\top		
2/18/	06	PURCI	ASI	E OF	RESIDE	NCE	6,85	8.95						THAN 12		(7)	Tota	ıl			0.00	
		(NEW	PDS)									BUT 2	4 HOURS	OR LESS	(8)	Less	Advance				
													MORE	THAN 24	HOURS	(9)		ount Owed		\dashv	0.00	
													OVERN	AACNT/DC	DUCTIBLE			unt Due				
•							-				+		a. DA		b. NO. C			a. D	ATE	Т	b. NO. OF MEALS	
							-													_		
																				T		
_		t signatu BNATU		IERE	,		b. DATE 02/19	9/06					ATURE VISC		NATU.	RE I	HEI	RE			d. DATE 02/20/06	
		G OFFICE			ERE ON	LY IF	APPRO	VING	ITE	MS 1	NOT	10	N TH	E ORE	DERS					1	D. DATE ATE SIGNE	
		IG CLASSI																				
							<u>C</u>	A	16		7	•									Ï	
							Q	A	Y			5										
23. COLI	ECTIO	N DATA																				
24 22	D41===					26 70	AVEL OPPED											_	Г			
24. COM	PUTED	RA	25. A	UDITED	BY		AVEL ORDER		BY 2	27. RE(CEIVED	(Pa	yee Sig	nature and	d Date or (Check	No.)		28.	. AMC	UNT PAID	



REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5724 and EO 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

EMPLOYEE INSTRUCTIONS

- 1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form.
- 2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc.

 Please submit copies as the documents are not returned. Sign and date in the applicable Employee Certification block.

Please submit copies as the doc	uments	are not	retu	med. Sign and date	in the	e applicat	ole Employ	vee Certification block.					
3. Submit Travel Voucher or Su your supervisor. <i>Retain a copy</i>	of this	ier, DD F claim ap p	orm olica	1351-2, along with tion and the originals	the o	riginal Di <i>II support</i>) Form 17 ing docum	'05 and copies of suppor nents for your personal fi	ting dod <i>les.</i>	cuments to			
PART I - EMPLOYEE INFORMAT	ION												
1. NAME (Last, First, Middle Initial) SMITH, JOE S.		-	2.	SOCIAL SECURITY NO. 123-45-6789	•	3. MAILII 123 MA		ESS (Include ZIP Code)					
4. WAS A REAL ESTATE CLAIM PE	EVIOUS	LY SUBM	ITTE	D FOR EXPENSES FOR			H 43213						
THIS PCS TRANSFER? (X one)		YES	×	NO		СОВОЛ	1200,0						
PART II - TRANSFER INFORMAT	TION												
5. YOUR NOTIFICATION DATE OF	6. 0	OLD DUTY	ST	ATION LOCATION			OUTY STATION LOCATION						
THIS TRANSFER (YYYYMMDD) 2005/12/20	SA	N FRAI	NCI	SO, CA			COLUM	IBUS, OH					
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 2005/12/20				DATE TRANSPORTATION (YYYYMMDD) 2005			SIGNED	10. DATE REPORTED FOR STATION (YYYYMME					
PART III - RESIDENCE INFORMA	TION			a. PROPERTY AT O	LD DL	JTY STAT	ION	b. PROPERTY AT N	EW DUT	Y STATION			
11. COMPLETE RESIDENCE ADDRE		9)						123 MAIN ST. COLUMBUS, OH 4	3213				
12. NUMBER OF DWELLING UNITS								Oì	NE				
13. CLOSING OR SETTLEMENT DA	LE (XXX)	YMMDD)					2006/	02/18					
14. SALE AND/OR PURCHASE PRIC	E		\$				\$ 287,900.00						
15. TOTAL EXPENSES CLAIMED		·	\$					\$ 6,858.95	-				
EMPLOYEE CERTIFICATION(S)													
16. SALE OF OLD RESIDENCE I certify that the amounts claims sale represent only amounts actually in my name and/or a member of my primary residence when I was first or	paid by immedia	me, that ite family,	title and	to the property was that this was my	purch prope	certify tha	sent only ar	RESIDENCE Into claimed in Part V in conjunction with the above mounts actually paid by me, and that title to the id/or a member of my immediate family and is my nev					
a. EMPLOYEE SIGNATURE			b.	DATE (YYYYMMDD)	a. E	MPLOYEE	SIGNATUR	RE	b. DAT	E (YYYYMMDD)			
		j			YO	UR SIGI	NATURE	E DATE SIGNED					
				MANAGEMENT	INST	RUCTION	NS						
(To be reviewed/completed l	y the e	mployee	's s	upervisor or the offic	ial de	signated	by the co	mmanding officer of the	employ	ee's activity.)			
For Sales and Purchases: So and copies of the supporting do Submit the original DD Form to the appropriate payment app	cument 1705 a	s to the and copic	offic es o	ial designated to app the supporting doc	prove	the reason	onablenes	s of the expenses itemize	ed in Pa	rt V.			
PART IV - MANAGEMENT APPR	ROVAL	INFORM	ATIO	ON									
18. SALE EXPENSES	- M M		19.	PURCHASE EXPENSE				20. PAYMENT APPROVAL					
The sale expenses claimed in P approved as being reasonable in am customarily paid by a seller in the lo property is located.	ount and	l j	cus	The purchase expense roved as being reasona tomarily paid by a buye perty is located.	ble in	amount ar	Payment of this claim is approved in the amount of: \$ 6,858.95						
AS CLAIMED			X	AS CLAIMED				If amount approved is I see attached memo.	ess than	amount claimed,			
AS REDUCED (See attached m			L.,	AS REDUCED (See a	ttache	d memo)		see attached memo.					
a. SIGNATURE	b. DAT	E YMMDD)		signature EVIEWER SIGNA	TUR	E	ATE <i>YYMMDD)</i> SIGNEI	a. signature AO SIGNATURE		b. date (YYYYMMDD) ATESIGNE:			
c. TITLE			ŀ	TITLE VIEWING OFFIC	IAL	TITLE		c. TITLE APPROVING OFFICIAL TITLE					



	TOTAL AMO	DUNTS PAID
EXPENSE ITEM AND EXPLANATION	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$	
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	\$	
23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$	\$ 596.04
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except Item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	\$	
 b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal. 		\$ 300.00
c. FHA OR VA APPLICATION FEE	\$	\$ 0.00
d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$	\$ 7.50
 e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA 	\$	\$ 15.50
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	\$	\$ 1,285.04
g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$ 545.00
h. CITY/COUNTY/STATE TAX STAMPS	\$	\$ 1,727.67
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$	\$ 79.00
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$	\$ 2,303.20
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 0.00	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3)		\$ 6,858.95

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

- 1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
- 2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
- 3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.





TRAVEL V	OUCHER OR S	UBVOUCH	HER	completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement										
1. PAYMENT				y directly to	the Govern	ment Travel Ch	arge Card (G	TCC) con	tractor the porti					
Electronic Fund Transfer (EFT)	representing travel ch required to designate	payment that e	equals the total o	f their outst	anding gove	rnment travel	ard balance	to the GT	CC contractor.					
Payment by Chec		ving amount o				e Governme	nt Travel C	_			AMP;E MEA			
2. NAME (Last, First, Midd SMITH, JOE S.	dle Initial) (Print or type)		3. GRA	DE SSII	4. SSN	5-6789		H-	OF PAYMENT	—— ''				
6. ADDRESS. a. NUMBER	AND STREET	b. CITY		1311	c. STATE		NDE .	+	DY CS		ember/Emplayee			
123 MAIN ST.	AND STREET	COLUM	IBUS		OH		213		ependent(s)	- Ot	her .A			
e. E-MAIL ADDRESS	DE.SMITH@L	FAS MII			1				R D.O. USE ON					
7. DAYTIME TELEPHONE	NUMBER & 8. TRAV	L ORDER/AUTH	IORIZATION	1		NMENT PAYM	ENTS/	a. D.C	. VOUCHER NU	JMBER				
AREA CODE (614) 693-1		ADVAN	ADVANCES											
11. ORGANIZATION AND			0.00 b. SUBVOUCHER NUMBER											
12. DEPENDENT(S) (X and	FAS COLUMBU	SOH		13. DEPENDENTS' ADDRESS ON RECEIPT OF c. PAID BY										
X ACCOMPANIED		IACCOMPANIED)	l	RS (Include .		CEIFT OF	C. PAI	ים ט					
a. NAME (Last, First, M			DATE OF BIRTH OR MARRIAGE	134 GO										
SMITH, JANE P.	W		06/25/00	SAN FF	RANCIS	O, CA 012	234							
SMITH, SAM O.			07/21/04											
SMITH, SAMAN	THA. DAUC	HTER (08/30/93			D GOODS BEEI		d. CO	MPUTATIONS					
15. ITINERARY				C. YES	d.	NO (Explain in	Remarks)	ļ						
	E (Home, Office, Base, A City and Country		State;	MEANS/ MODE OF	REASON FOR	LODGING COST	POC MILES	<u> </u>						
	RTIFY THAT I			TRAVEL	STOP		WILLES							
	'E DISCONTINU		OUR)					T						
	IDENCE AT THI													
L +	'E ESABLISHEI 'HE NEW PDS") A RESID	ENCE					<u> </u>						
DEP A I I	HE NEW FDS													
DEP							1 1 1 1 1 1 1							
ARR								1						
DEP														
ARR								_						
DEP ARR								e. SUI	MMARY OF PA	YMENT	T			
DEP									tual Expense All	owance				
ARR								(3) Mil						
16. POC TRAVEL (X one)	OWN/OPERATE		PASSENGE	R	17. D	URATION OF T	DY TRAVEL	(4) Dej	pendent Travel					
18. REIMBURSABLE EXPE	NSES			·		12 HOURS O	R LESS	(5) DL	Δ					
a. DATE	b. NATURE OF EXPENS		c. AMOUNT	d. ALLOW	ED				mbursable Expe	nses	- 0.00			
	ELLANEOUS EX WANCE	PENSE	1,000.00			MORE THAN BUT 24 HOU		(7) Tot	s Advance		0.00			
	PAYMENT)							<u> </u>	ount Owed		0.00			
	:					MORE THAN	24 HOURS	(10) Am	ount Due		3.00			
					19. G	OVERNMENT/I	DEDUCTIBLE	MEALS						
						a. DATE	b. NO. 0	OF MEALS	a. DA	TE	b. NO. OF MEALS			
									 					
<u> </u>														
20.a. CLAIMANT SIGNAT	URE	b	. DATE	c. SUPERV	/ISOR SIGN	ATURE					d. DATE			
YOUR SIGNATU	RE HERE		3/18/06	YOUR	SUPER	VISOR SI	GNATU	RE HE	RE		3/18/06			
21.a. APPROVING OFFICE YOUR A.O. SIGN		F CLAIMN	NG ITEMIZ	ZED MIS	SCELLA	NEOUS I	EXPENS	E ALL	OWANCE		b. DATE DATE SIGNE			
22. ACCOUNTING CLASS	IFICATION				01 K									
{			2	IM	7 LI	_					,			
			O.	****	-									
23. COLLECTION DATA	<u>.</u>		<u>-</u> .	-										
				- r ·										
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL AUTHORIZ	ORDER/	BY 27. RE	CEIVED (Pa	iyee Signature	and Date or (Check No.	<i>)</i>	28. AM	MOUNT PAID			



TRAVEL VOUCHER OR SUBVOUCHER										Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.										
1. PAYN		. F d							ay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement, and rental car if you are a civillan employee, unless you elect a different amount. Military personnel are of their outstanding government travel card balance to the GTCC contractor.											
Tr	nsfer		req	uired to	designate a p	ayment th	at equals th	ne total o	f their o	outstar	ding gove	ernme	nt travel car	d balance t	o the GT	CC contractor	٠.			
	<u> </u>	by Check First, Midd				g amour	nt of this i	3. GRA			4. SSN	ne Go	vernment	Travel Ch		ord contract			IPLE HHG	
SMIT			e mu	ai) (Frinc	от туре)			l.	S11	ľ	4. 33 14	5-67	89			DY	IX as	1	er/Employee	
6. ADDI	RESS. a	. NUMBER .	AND S	STREET		b. CITY		L			c. STATE	T	d. ZIP COD	E i		cs	\vdash	Other		
123 M	IAIN	ST.				COLU	JMBUS				OH		432	13		ependent(s)		DLA		
e. E-MA	IL ADD	PRESS JC	E.S	TIM	H@DF	AS.M	IIL								10. F0	R D.O. USE C	NLY			
		LEPHONE N		ER &	8. TRAVEL _ NUMBER		JTHORIZAT	TION				NMEN	NT PAYMEN	TS/	a. D.	D. VOUCHER	NUMBE	R		
AREA CODE (614) 693-1111 DFAS-1148								^L	ADVANCES											
11. ORGANIZATION AND STATION DFAS COLUMBUS OH								0.00 b. SUBVOUCHER NUMBER												
12. DEPI	NDFNT	「(S) (X and				On	_		13. DEPENDENTS' ADDRESS ON RECEIPT OF C. PAID BY											
	СОМР				· · · · · · · · · · · · · · · · · · ·	COMPAN	IIED		ORDERS (Include Zip Code)											
a. NA	ME /Las	st, First, Mic	idie In	itial)	b. RELATIO	NSHIP	c. DATE OF OR MARI	BIRTH RIAGE	134 GOLDEN WAY SAN FRANCISO, CA 01234											
									FRA	NCI	SO, C	Α ()1234							
											NI OF LIGH									
							.				DOSEHUL	1	ODS BEEN S		d. CC	MPUTATION	5		····	
15. ITINI	RARY				L				c.	YES	<u>d.</u>	NO	(Explain in R	emarks) f.						
a. DATE 2006		b. PLACE	(Hoi		ce, Base, Acti nd Country, e		and State;		MEAN MODE TRAV	OF	FOR		ODGING COST	POC MILES						
8/12	DEP	OLD D	UTY		TION S		ANCIS	O, CA	IRAV	/EL	STOP		red was	the lift						
8/14	ARR				ATION C							× × × × × × × × × × × × × × × × × × ×	_						- 1111	
	DEP									Ē				#KB						
	ARR	_									10 mm			esta a roqu						
	DEP	MOVEMENT OF HHG							PA:	1				類別問題						
	DEP								107 129		12904									
	ARR								1.2		1.5.50									
	DEP								Series .		i desert			基金数						
	ARR								144		× 8000 00 - \$ 8 1			800 a						
	DEP								APPROXIMATE A PROXIMATE	4	n opråget.				e. SU	MMARY OF F	AYMEN	ΙT		
	ARR								· 400	£.					(1) Pe					
	DEP		-						100					ASIS S		tual Expense	Allowan	ce		
16. POC	اــــــا	L (X one)		OWN/	OPERATE		PA	SSENGE	R		17. D	URAT	ION OF TO	Y TRAVEL		pendent Trave		-		
		BLE EXPEN	SES				<u> </u>				—]			(5) DL					
a. DA	TE		b. NA	TURE O	F EXPENSE		c. AMC	TNUC	d. AL	LOWE		12	HOURS OR	LESS	(6) Re	imbursable Ex	penses			
8/12/		SHIPM					5,38	9.25					RE THAN 12		(7) To	tal			0.00	
8/14/	06	1ST 30	DA	YS H	HG STO	RAGE	12	0.00				BUT	24 HOURS	OR LESS		ss Advance		\bot		
		<u> </u>					-		 		\dashv	моі	RE THAN 24	HOURS		nount Owed			0.00	
								_			19. 6	OVE	RNMENT/DE	DUCTIRI F	· · · · ·	nount Due				
							<u> </u>				1:5.0		ATE	b. NO. O		3 a. C	ATE	Ь	NO. OF MEALS	
																		$\bot \Gamma$		
		T 816****							ļ					<u> </u>				4		
		t signatu 3NATUI		HERE	;		6. DATE 8/15	5/06	ı		SOR SIGN		re SOR SIG	NATIO	SE TH	RF F		d.	. DATE 8/16/06	
21.a. APPROVING OFFICER SIGNATURE									10		OILK	. V 10	OK 310	INATU	KL III	EKE		- h	DATE	
YOUR AO SIGNATURE HERE ONLY IF APPROVING									ITEN	MS N	O TO	N T	HE ORI	DERS				- 1	TE SIGNEI	
22. ACCOUNTING CLASSIFICATION									200 a-	E 030	70°	[;		_	*					
								C.	Al	W										
									ar 18 S	URI	F Guerr	Ħ57								
22.00	FOTT	N DATA			-															
23. COL	.EU 110	N DATA																		
24. CON	PUTED	ву	25. A	UDITED	ву		VEL ORDER		2	7. REC	EIVED (P	yee S	Signature an	d Date or C	heck No	.,	28.	AMOL	JNT PAID	
AUTHORIZATION POSTED								POSTED	·BY											



Т	RA	VEL V	ou	CHER	OR SU	BVOU	CHER		completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.											
1. PAYME									pencil. If more space is needed, continue in remarks. Lay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement grant and the car if you are a civilian employee, unless you elect a different amount. Military personnel are of their outstanding government travel card balance to the GTCC contractor.											
≭ Elect	troni sfer	c Fund (EFT)		uired to	designate a p	ayment th	at equals th	ne total o	f their	outsta	inding gov	ernme	ent travel ca	rd balance t	to the G	TCC contractor				
		by Check				ng amour	nt of this i			nt dire		ne G	overnment	Travel Ch	narge C	ard contracto	or: \$ 5	SAMPLE RAT		
2. NAME (lle Initi	ial) (Print	or typel			3. GRA			4. SSN		700		5. TYP	E OF PAYMEN	T /X as a	oplicable)		
DOE, J.								(S11		123-4					TDY	<u> </u>	Member/Employee		
6. ADDRES					2345	ь. city APO					c. STATE		d. ZIP COD 01234-			PCS		Other		
		<u> </u>					T T				AE		01234	4376	\vdash	Dependent(s)		DLA		
7. DAYTIN					E@DF	ORDER/AL		ION	9. P	REVIOL	US GOVER	NME	NT PAYMEN	ITS/		O. VOUCHER N				
		693-22			DFAS-	2234				ADVAN					". ".	0. 1000112111	· · · · · · · · · · · · · · · · · · ·			
	11. ORGANIZATION AND STATION								l	0.00 b. SUBVOUCHER NUMBER										
	DFAS EUROPE, FEDERAL BARRACKS								0.00											
12. DEPEN	12. DEPENDENT(S) (X and complete as applicable)								13. DEPENDENTS' ADDRESS ON RECEIPT OF c. PAID BY											
X ACC	ОМР	ANIED			UNA	COMPAN			ORDERS (Include Zip Code)											
		t, First, Mic	ddle In	itial)	b. RELATIO	NSHIP '	C. DATE OF OR MARK		DFAS-EUR, BOX 0 UNIT 12345 APO, AE 01234-4578											
DOE, J	OH	N			HUSBA	AND	2/9/19)44	Ar	U, AI	E 0123	4-42	010							
									1	IAVE !!	OHEEDO	n cc	ODS BEEN S	CHIDDED	<u> </u>					
									<u> ~. </u>	ן (X one)	7			d. C	OMPUTATIONS	i			
15. ITINER	ARY				<u>-</u>				-	YES	d.	NO	(Explain in F	(emarks)						
a. DATE 2006		b. PLACE	E (Hoi	me, Offic	e, Base, Act nd Country, e	vity, City	and State;		MOD	DE OF	REASON FOR	L	ODGING COST	POC MILES						
	DEP	HOME	- ST		GART, G				C		STOP		****	Tang at						
					RPORT,		TGART	, GE	**		AT	S En-Lineaus								
01/17	DEP								С	Р	A state			** P. #6						
01/17	ARR	COLUMNIC OU									LV]								
	DEP	COLUI	MBU	JS, OI	- 			-	C	P	排掉									
	ARR									構造	_AT			in the						
	DEP								С	A	MC									
0.7.27	ARR DEP										MC			6-695.47 2 -1						
	ARR	HOWLE	-51	0110	AKI, GI							_								
1	DEP								100 mm 100 mm	600 da 1 6				4	e. St	JMMARY OF PA	AYMENT			
,	ARR				***									**************************************	(1) Po	er Diem		T		
	DEP													1	(2) A	ctual Expense A	Allowance	•		
	ARR			-						Na A		<u> </u>			(3) M	ileage				
16. POC TI	_		ļ	OWN/	OPERATE		PA	SSENGE	R	R 17. DURATION OF TDY TRAVEL						(4) Dependent Travel				
18. REIMBU		BLE EXPEN										12	HOURS OR	LESS	(5) D					
a. DATE		ATDE			F EXPENSE	1 201	c. AMC		d. A	LLOW	ED	-				eimbursable Exp	enses	0.00		
12/30/0 01/17/0					<u>02 EU @</u> 1.213 EX			3.75 4.59	ļ —		- ×		RE THAN 1: T 24 HOURS		(7) To	ess Advance		0.00		
01/27/0					1.225 EX			5.13	-			1			<u> </u>	mount Owed	· · · · · · · · · · · · · · · · · · ·	0.00		
01/17/0					GAGE 66		 	9.27			_	МО	RE THAN 24	4 HOURS	(10) A	mount Due				
		1.201 E	EXR	ATE							19. (GOVE	RNMENT/DE	DUCTIBLE	MEALS					
												a. I	DATE	b. NO. C	F MEAL	S a.D	ATE	b. NO. OF MEALS		
									<u> </u>					<u> </u>						
20.a. CLAII	MAST	C CICNIAT'	IDF				b DATE		 _	IIDEA:	1605 6:5		DE .	Ц				I DATE		
YOUR	SIC	NATU	RE I				6. DATE 01/28	8/06			ISOR SIGI		SOR SIC	NATU	RE H	ERE	_	d. DATE 01/29/06		
* AO S					FOR EX	AMPL	E AUT	HORI	ZIN	G EX	CESS	BA	GGAGE	COST))			ATE SIGNEI		
22. ACCOL	22. ACCOUNTING CLASSIFICATION SANTELLE																			
								Table of the			•									
23. COLLEC	СТІОІ	N DATA				···		- 1 m - 1												
24. COMPL	JTFD	BY I	25 A	UDITED	RY	26. TRA	VEL ORDER	1	_	27 DF	CEIVED /	21/64	Signature an	d Data or C	heck M		29	AMOUNT PAID		
							RIZATION		BY	_ / . NEV		.,	orginacure all	o Date Of L	AIGUN IVE	•••	20. ′	andon i Alb		

	TRAVEL VOUCHER OR SUBVOUCHER										completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.										
1. PAYN		pencil. If more space is needed, continue in remarks. ay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement g, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are of their outstanding government travel card balance to the GTCC contractor.																			
		c Fund (EFT)	req	uired to	designate a p	payment th	at equals ti	he total of	their	outsta	anding g	over	rnment	travel car	d balance t	o the	GTC	C contracto	or.		
		by Check				ng amour	nt of this	T		nt dire	4. SS		e Gov	ernment	Travel Ch						MPLE RITA
SMIT		First, Mida)ES.	ie initi	ai) iPrini	or type)			3. GRAD	ле S11				5-678	9		5. 1	1	OF PAYME!	NT (X as	1	cable) nber/Employee
		. NUMBER	AND S	TREET		b. CITY		L			c. ST			. ZIP COD	E	×	TD'			Othe	, ,
123 M	AIN	ST.				COLU	IMBUS	}			C	Η		432	13		Dep	pendent(s)		DLA	1
e. E-MA	IL ADD	PRESS JC)E.S	IM	H@DF	AS.M	IIL									10.	FOR	D.O. USE	ONLY		
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION NUMBER (614) 693-1111 DFAS-1148								TION		9. PREVIOUS GOVERNMENT PAYMENTS/ a. D.O. VOUCHER NUMBER ADVANCES											
								~	ADVANCES												
11. ORGANIZATION AND STATION DFAS COLUMBUS OH										0.00 b. SUBVOUCHER NUMBER											
12. DEPE	NDENT	(S) (X and				OH			13. [13. DEPENDENTS' ADDRESS ON RECEIPT OF . PAID BY											
	СОМР					CCOMPAN	IIED		(ORDER	S (Inclu	de Z	Zip Cod	le)							
a. NA	ΛΕ (Las	st, First, Mic	idie In	itial)	b. RELATIO	ONSHIP	OR MAR	BIVUE			LDE										
									SAI	N FK	CANC	150	O, C	A 012	34						
									14 1	IAVE U	10USEL	OL 5	2.000	De DEEN (SUIDDED 2						
					 				X	YES) 			DS BEEN : xplain in F		d.	COM	PUTATION	ıs		
15. ITINE	RARY								- 0	.	d.	_	NO IE	e.	f.						
a. DATE		b. PLACI	(Hoi	ne, Offic City a	ce, Base, Act	ivity, City etc.)	and State;		MEA MOD TRA	E OF [FOR STO	- (DGING OST	POC MILES	_					
	DEP																				
	ARR										Selection and the second	Min See			**************************************						
	DEP								180	era s	操集				軟件						
	DEP	-i									5 F a 13										
	ARR	PARADIE -								1.5	#\$485	34			国用 (4)						
	DEP	COMMITTEE									1286										
	ARR	·								44		XXXXX									
	DEP										1778				Mar e						
	ARR								WH.		omorphism (
_	DEP																	MARY OF	PAYMEN	ŧΤ T	
	ARR DEP							Î		0.10	100					(1)			Allerran		
	ARR	<u> </u>					,		44.1		\$ PH						Milea	al Expense	Allowar	ice	
16. POC	TRAVE	L (X one)		OWN	OPERATE	***	PA	SSENGER	1	.0.000	1:	7. DL	URATIO	ON OF TD	Y TRAVEL			endent Trav	/el		
18. REIM	BURSA	BLE EXPEN	ISES										12 11	OURS OR	ESS	(5)	DLA				
a. DA					F EXPENSE		c. AM	OUNT	d. A	LLOW	ED	_	12 //	30110 011	LLOO			bursable E	xpenses		
2007 F	EB_				ION INC	OME					\dashv			THAN 1	OR LESS		Tota			_	0.00
<u> </u>		TAX A									\dashv	\dashv	-01.		22200			Advance unt Owed		\dashv	0.00
		DOCU							_				MORE	E THAN 24	HOURS			unt Due		\dashv	0.00
											1	9. G	OVERN	IMENT/DE	DUCTIBLE	MEAL	s				
											工		a. DA	TE	ь. NO. C	F ME	ALS	a.	DATE	\Box	b. NO. OF MEALS
							ļ. <u></u>													_	
							 _														
20.a. CL	NAMIA	T SIGNATU	RE				b. DATE		c. S	UPERV	/ISOR S	IGN	ATURE		!					-	d. DATE
YOU	R SIC	SNATU.	RE				02/1								NATU	RE I	ΙΕΓ	Œ			02/16/07
21.a. AP	PROVI	NG OFFICE	SIGN	ATURE																	b. DATE
												_		_							
22. ACC	DUNTH	NG CLASSI	FICAT	ION			g _{ar} æ	· A A	n !	~ a		,									
								All) •									
23. COLI	ECTIO	N DATA				-											-				
						T															
24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER/ AUTHORIZATION POSTE							3Y :	27. RE	CEIVED	(Pa)	yee Sig	gnature an	d Date or C	heck	Vo.)		28	. AM	DUNT PAID		

RELOCATION INCOME TAX (RIT) ALLOWANCE STATUS CERTIFICATION FORM

Permission for Use of Data And Certificate of Authenticity

I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and Local (specify which) tax authorities for the <u>2006</u> tax year.

Gross Compensation as shown on attached, IRS Form (s) W-2, 1099 (s) showing *non-disability Military pay and, if applicable, net earnings (or loss) from selfemployment income shown on attached Schedule SE (Form 1040):

Employee \$ \frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\firet{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\firk}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f	
(if filing jointly) Filing Status: Married Filing Joint (Specify the filing status item that was (or will be) claimed on IRS Form 1040, i.e.	O
(Specify the filing status item that was (or will be) claimed on IRS Form 1040, i.e single, married filing joint, etc.).	e.
Tree 5. Smith Printed Name of Employee	

STATE TAX RETURNS Since most non-deductible moving expense reimbursements will be taxed at the new location, the Federal Travel Regulations do not provide for a RIT allowance related to state taxes at the employee's old location.

However, in very <u>limited</u> circumstances, the employee may be subject to state taxes in two states at the new location. This would be true if the employee's state of residence at the new location and the state where the employee worked at the new location were different and both taxed the employee's RIT income - without either of these states allowing an adjustment or credit for this double taxation.

If either state allows an adjustment or credit for this double taxation, then the RIT allowance is based on the other state's tax rate - otherwise, it is based on the sum of the tax rates for both states at the new location.

List below the name (s) of the state (s) which taxed your non-deductible moving expense reimbursements for this tax year. N/A State

SAMPLE

Test Form, LTTB Feb 96 Page 1

LOCAL TAX RETURNS If the employee incurs an additional local income tax liability as a result of moving expense reimbursements. Specify the name of all localities and the applicable tax withholding rate (s), i.e. 1%, 2%, etc. for this tax year. These local tax rates are expressed as a percent of one of the following: income, federal tax or state tax, and are to be listed in the "Type of Tax" column. Please contact your local tax authorities if you are unsure of these items.

Locality
N/H
N/A
Percent
N/H
N/A
N/A
N/A

The above information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate DoD component official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RIT allowance can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with one copy of my travel orders, and all claimed income W-2s, etc., are attached. Additional documentation will be furnished if requested.

I (We) further agree that if the 12 month services agreement required by the Joint Travel Regulation (JTR), Vol II, Paragraph C4001-A is violated, the total amount of the RIT allowance will become a debt due the U.S. Government.

Employee's Signature Orle 6. Smith Date 2/10/07

Spouse's Signature Orle 6. Smith Date 2/10/07

(If joint tax returns were filed for year(s) affected)

Social Security Number 123-45-6789 987-65-432/

Employee Spouse (if applicable)

PRIVACY ACT STATEMENT Collection of this information is authorized by 5 U.S.C., Section 5724b and 10 U.S.C. Section 136. The use of an individual's Social Security Number for purposes related to Federal income taxes is authorized by 26 U.S.C., Section 6109. The Social Security Number will be used to verify the individual employees' identity. The information furnished or submitted with this form is confidential and will be used to calculate the employee's RIT allowance. Failure to provide the information listed on this form will make it impossible for DFAS-FTP/CA to compute the allowance.

SAMPLE

Test Form LTTB Feb 96 Page 2

	TRAVEL VOUCHER OR SUBVOUCHER										completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.										
1. PAYN									pencil. If more space is needed, continue in remarks. Day directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement g, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are lof their outstanding government travel card balance to the GTCC contractor.												
X Ele	ctronic ansfer	c Fund (EFT)		ired to d	designate a p	ayment t	hat equals th	ne total of	f their	outstand	ling gove	ernment tra	vel car	d balance t	o the	GTCC	contractor.				
Pa	yment	by Check		Pay 1	the following	g amou	unt of this	reimburs	semen	t direct	ly to th	e Govern	ment	Travel Ch						MPLE RE₽	
		First, Middl	e Initia	I) (Print	or type)			3. GRAI			. SSN				5. TY	/PE O	F PAYMENT	T /X as	<i>applic</i>	able)	
SMIT								G	SII	_		5-6789				TDY			Mem	ber/Employee	
6. ADDI		. NUMBER A	AND S	TREET		b. CITY				c	. STATE	d. ZIF	P CODI 432		X	PCS			Othe	·	
							UMBUS				ОН		432	13		<u></u>	endent(s)		DLA		
e. E-MA		LEPHONE N			H@DF	AS.N	AUTHORIZAT	ION I	0 00	EVIOUS	COVER	NAFAIT DA	VAAFAI	TC/			0.0. USE 0				
AREA	E PE	693-11	1 1	n ou	NUMBER DFAS-		101110111211			9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES a. D.O. VOUCHER NUMBER											
		ION AND S			DI'AS-	140				A CHEVOLOGIED ANALOGE											
11. UNG	MINIZMI				IMBLIS	OH			0.00 b. SUBVOUCHER NUMBER										l l		
DFAS COLUMBUS, OH 12. DEPENDENT(S) (X and complete as applicable)									13. DEPENDENTS' ADDRESS ON RECEIPT OF c. PAID BY												
	ACCOMPANIED								13. DEPENDENTS' ADDRESS ON RECEIPT OF C. PAID BY ORDERS (Include Zip Code)												
	-	t, First, Mia	dle Init	ial)	b. RELATIO		c. DATE OF OR MAR	BIRTH	134 GOLDEN WAY,												
							ON WAR	MAGE	SAN	I FRA	NCIS	O, CA	012	34							
																				ŀ	
									14. H	AVE HOI	USEHOL	D GOODS	BEEN S	SHIPPED?	d.	COME	PUTATIONS	;			
									X	YES		NO (Expla									
15. ITINI	RARY			0.00					c. MEA	NS/ R	d. EASON	e. LODGII	NG	f. POC							
a, DATE 2006	Ļ.,	b. PLACE	(Hom	City a	e, Base, Acti nd Country, e	vity, City	y and State;		MODE		FOR STOP	cos		MILES							
	DEP										The Difference of the Control of the	10.47.1	M.								
	ARR										-										
	DEP								1		17			98 BT							
	ARR	┥																			
	DEP		, pro-		con major care to f	7 Mac 792					198			W 191							
	DEP	S WWW E							1 19	他				I a The old	<u> </u>		,				
	ARR									320					-						
	DEP								* *	i di				B 11.1							
	ARR								1116												
	DEP										4 4 88			26 T	e.	SUMN	MARY OF P	AYMEN	1T		
	ARR								4	Tax I					(1)	Per D	iem			harry to War	
	DEP													排機數	(2)	Actua	al Expense /	Allowar	nce		
	ARR								10						(3)	Milea	ge				
16. POC	TRAVE	L (X one)	×	OWN/	OPERATE		PA	SSENGE	R		17. C	URATION	OF TD	Y TRAVEL	(4)	Depe	ndent Trave	el			
18. REIA	/IBURS	BLE EXPEN	ISES									12 HOUF	as on	LESS	(5)	DLA					
a. DA	TE		b. NA	TURE O	F EXPENSE		c. AM	TNUC	d. A	LLOWED	<u> </u>] 12 1.001		2200	(6)	Reimi	bursable Ex	penses		the state of the s	
8/18/	06				DENCE		61,91	16.20	.		4			2 HOURS		Total			_	0.00	
		(OLD F	PDS)									BUT 24 F	HOURS	OR LESS	-		Advance				
										<u>-</u> -	_	MORE TH	HAN 24	4 HOURS	-		unt Owed		_	0.00	
							-				10.				1		unt Due				
		<u></u> -									19. 0	a. DATE		b. NO. C				ATE	-т	b. NO. OF MEALS	
							 				+	a. DAIL		b. 110. C	, IVIL	-		77.12	\dashv	D. HO. O. MEXES	
							+				-						-				
							-	-								一			_		
20.a. Cl	AIMAN	T SIGNATU	RE				b. DATE		c. S	UPERVIS	OR SIGI	NATURE							_	d. DATE	
		SNATU.		IERE	E		08/1	9/06	YO	UR S	UPER	VISOR	SIC	NATU	RE I	HER	Œ			08/20/06	
		NG OFFICER																		b. DATE	
YOU.	R AC	SIGNA	TUI	RE H	ERE ON	LY IF	APPRO	VING	ITE	MS N	от о	N THE	ORI	DERS).	ATE SIGNE	
22. AC	OUNTI	NG CLASSI	FICATI	ON																	
	SAMPLE CONTRACTOR OF THE SAMPLE CONTRACTOR OF																				
								Ü	F	evel			; 1								
																			-		
23. COL	LECTIO	N DATA																			
						26 70	AVEL OPPT	D/	-					(0:	01	41		1		WINT DAYS	
24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER/ AUTHORIZATION POST								ву	27. RECE	:IVED (P	ayee Signa	ture an	a Date or (uneck	NO.)		28	5. AMC	OUNT PAID		



REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))

AUTHORITY: 5 USC 5724 and EO 9397 (SSN).

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

EMPLOYEE INSTRUCTIONS

				EMPLOYEE IN							
1. Prepare an original and one co									ete all bl	ocks in Parts I,	
 or III and enter all applicable ar Attach one complete set of re 									nt stater	nent. etc.	
Please submit copies as the document									in States	110111, 010.	
3. Submit Travel Voucher or Sub										uments to	
your supervisor. <i>Retain a copy o</i>		laim app	lica	tion and the originals	of all su	ipporting (docum	ents for your personal f	iles.		
PART I - EMPLOYEE INFORMATION	ON										
1. NAME (Last, First, Middle Initial)			2.	SOCIAL SECURITY NO.				S (Include ZIP Code)		ŀ	
SMITH, JOE S.				123-45-6789		3 MAIN					
4. WAS A REAL ESTATE CLAIM PRE THIS PCS TRANSFER? (X one)	Vious	LY SUBM	X	D FOR EXPENSES FOR	CC	OLUMBU	US, OI	H 43213			
PART II - TRANSFER INFORMAȚI	ON			•	•						
5. YOUR NOTIFICATION DATE OF	6. 0	OLD DUTY	ST	ATION LOCATION		7.	NEW D	UTY STATION LOCATION			
THIS TRANSFER (YYYYMMDD) 2005/12/20	SA	N FRA	NCI	SO, CA		IBUS, OH					
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 2005/12/20	*			DATE TRANSPORTATION (YYYYMMDD) 2005,		EMENT SIG	SNED	10. DATE REPORTED FOR STATION (YYYYMME			
PART III - RESIDENCE INFORMAT	TION			a. PROPERTY AT O	LD DUTY	STATION		b. PROPERTY AT N	EW DUTY	STATION	
11. COMPLETE RESIDENCE ADDRESS (Include apartment number and Z		e <i>)</i>		GOLDEN WAY N FRANCISO, CA	01234						
12. NUMBER OF DWELLING UNITS				O	NE						
13. CLOSING OR SETTLEMENT DATE	(YYY)	YMMDD)		2006/	08/18						
14. SALE AND/OR PURCHASE PRICE			\$ 8	862,000.00				\$			
15. TOTAL EXPENSES CLAIMED			\$ 6	51,916.20				\$			
EMPLOYEE CERTIFICATION(S)											
16. SALE OF OLD RESIDENCE I certify that the amounts claimed sale represent only amounts actually in my name and/or a member of my in primary residence when I was first de	paid by nmedia	me, that ite family,	title and	to the property was that this was my	l cert purchase property	tify that the represent	e amour only an	RESIDENCE Its claimed in Part V in con nounts actually paid by me, l/or a member of my immed	and that	title to the	
a. EMPLOYEE SIGNATURE				DATE (YYYYMMDD)	a. EMP	LOYEE SIG	NATUR	E	(YYYYMMDD)		
YOUR SIGNATURE			I	DATE SIGNED							
(To be reviewed/completed by	, the e	mnloves	·	MANAGEMENT			the cou	mmanding officer of the	employe	a'e activity l	
For Sales and Purchases: Ser											
and copies of the supporting doc 2. Submit the original DD Form to the appropriate payment appro	ument 1705 a	s to the and copi	offices o	cial designated to app f the supporting docu	prove the	e reasonat	bleness	of the expenses itemiz	ed in Par	t V.	
PART IV - MANAGEMENT APPRO	OVAL	INFORM	ATIO	ON							
18. SALE EXPENSES			19.	PURCHASE EXPENSE	s			20. PAYMENT APPROVAL	. BY NEW	DUTY STATION	
The sale expenses claimed in Pa approved as being reasonable in amor			app	The purchase expense proved as being reasona			are	Payment of this claim	is approve	d in the amount	
customarily paid by a seller in the loc property is located.			cus	tomarily paid by a buye perty is located.			re the	\$ 61,000.00			
AS CLAIMED X AS REDUCED (See attached me	mo)			AS CLAIMED AS REDUCED (See at	ttached m	nemo)		If amount approved is see attached memo.	less than	amount claimed,	
· · · · · · · · · · · · · · · · · · ·	DAT	Έ	a.	SIGNATURE	1	b. DATE		a. SIGNATURE		b. DATE	
REVIEWER SIGNATURE		- YMMDD)	l			(YYYYN	MDD)			(YYYYMMDD)	
	ATE :	SIGNE						AO SIGNATURE		ATE SIGNE	
c. TITLE REVIEWING OFFICIAL TIT	LE.		c.	TITLE				c. TITLE APPROVING OFFICIAL TITLE			
DD FORM 1705 OCT 200			<u> </u>	.DDE.VIOLIC	FDIT: 0:	10.0500		AT I NO VIINO OFFIC	וו שמי	11-1-	



PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION

	TOTAL AMOUNTS PAID						
EXPENSE ITEM AND EXPLANATION	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION					
21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$ 51,720.00						
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	\$						
23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$						
24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$ 790.00	\$					
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except Item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.							
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	\$						
 b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal. 		\$					
c. FHA OR VA APPLICATION FEE	\$	\$					
d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$ 1,407.00	\$					
 e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA 	\$	\$					
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	\$	\$					
g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$					
h. CITY/COUNTY/STATE TAX STAMPS	\$	\$					
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$ 7,974.20	\$					
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$ 25.00	\$					
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 61,916.20						
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3)		\$ 0.00					

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

- 1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
- 2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
- 3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

